

## **Important Please Read!**

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Quarter

- ☐ July-September  
☐ October-December  
☐ January-March  
☐ April-June

**Quarterly Report  
for  
Operating Assistance**

**Fiscal Year** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

\*\*\*\*\*

**A. OPERATING DATA:**

1. Total number of vehicles in service during this quarter \_\_\_\_\_
2. Total number of miles accumulated this quarter \_\_\_\_\_
3. Number of days agency operated vehicles this quarter (Cannot exceed 92 days for a quarter) \_\_\_\_\_
4. Average number of hours vehicle operated per day \_\_\_\_\_

**B. RIDES PROVIDED (Record each ride in one category only):**

Category	Contracted	Non-Contracted
1. 60 yrs. old and over	_____	_____
2. Under 60 yrs. old	_____	_____
3. Disabled	_____	_____
4. <b>TOTAL RIDES FOR QUARTER</b>	_____	_____

**TOTAL CONTRACTED AND NON-CONTRACTED** \_\_\_\_\_

**C. PERFORMANCE DATA:**

1. Average cost per mile (cost/miles) \_\_\_\_\_
2. Average cost per ride (cost/rides) \_\_\_\_\_
3. Average number of rides per day (rides/days) \_\_\_\_\_
4. Average number of rides per mile (rides/miles) \_\_\_\_\_

**D. FINANCIAL DATA** (must include all costs associated with entire transportation system)

\* All in-kind entries are required to have prior approval from MDT and must be listed on page 5.

**QUARTERLY OPERATING COSTS:**

	<b>Direct Cost</b>	<b>In-kind*</b>
<b>1. Labor</b>		
a. Operator's wages	_____	_____
b. Mechanic wages	_____	_____
c. Dispatcher wages	_____	_____
<b>2. Fringe Benefits</b>		
a. Operator's/Mechanic/Dispatcher Fringe Benefit Distribution	_____	_____
<b>3. Services</b>		
a. Professional and technical services (itemize on page 5)	_____	_____
b. Advertising fees	_____	_____
c. Custodial services (bus-related only)	_____	_____
d. Other services (itemize on page 5)	_____	_____
<b>4. Materials &amp; Supplies Consumed</b>		
a. Fuel and lubricants	_____	_____
b. Other materials and supplies	_____	_____
<b>5. Purchased Transportation Service</b>		
a. Purchased transportation service	_____	_____
<b>6. Taxes</b>		
a. Vehicle licensing and registration fees	_____	_____
<b>7. Other Operating Expenses</b>		
a. Other expenses (itemize on page 5)	_____	_____
<b>TOTAL OPERATING COSTS</b>	_____	_____

**QUARTERLY ADMINISTRATIVE COSTS:**

	<b>Direct Cost</b>	<b>In-kind*</b>
<b>8. Labor</b>		
a. Manager/Coordinator, Administrative Personnel (itemize on page 5)	_____	_____
<b>9. Fringe Benefits</b>		
a. Manager/Coordinator, Administrative Personnel Fringe Benefits Distribution	_____	_____

10.	<b>Materials and Supplies</b>		
a.	Office supplies	_____	_____
11.	<b>Casualty and Liability Costs</b>		
a.	Casualty and Liability Costs	_____	_____
12.	<b>Utilities</b>		
a.	Utilities (Gas, Electric, Sewer, Phone, and Internet)	_____	_____
13.	<b>Taxes</b>		
a.	Property tax	_____	_____
14.	<b>Leases and Rentals</b>		
a.	Vehicle <b>(explain on page 5)</b>	_____	_____
b.	Facilities <b>(explain on page 5)</b>	_____	_____
15.	<b>Miscellaneous Expense</b>		
a.	Dues and subscriptions <b>(transit-related only)</b>	_____	_____
b.	Travel and meetings <b>(transit-related only)</b>	_____	_____
c.	Drug Testing	_____	_____
d.	Promotion for Coordination and Ridesharing	_____	_____
e.	Indirect Cost <b>(prior approval required from MDT)</b>	_____	_____
16.	<b>Other Administrative Expenses</b>		
a.	Other expenses <b>(itemize on page 5)</b>	_____	_____
	<b>TOTAL ADMINISTRATIVE COSTS</b>	_____	_____

**QUARTERLY MAINTENANCE COSTS:**

17.	<b>Maintenance</b>	<b>Direct Cost</b>	<b>In-kind*</b>
a.	Vehicle maintenance parts & service <b>(itemize on page 5)</b>	_____	_____
b.	Tires and tubes	_____	_____
	<b>TOTAL MAINTENANCE COSTS</b>	_____	_____

<b>TOTAL OPERATING, ADMINISTRATIVE &amp; MAINTENANCE COSTS</b>	_____
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**E. REIMBURSEMENT CALCULATIONS:**

1. Total Operating Costs \_\_\_\_\_
2. Total Amount of Fares/Donations for Rides \_\_\_\_\_
3. Net Operating Deficit (Line 1 minus Line 2) \_\_\_\_\_
4. Eligible Operating Funds @ 54% \_\_\_\_\_
5. Total Administrative Costs \_\_\_\_\_
6. Eligible Administrative Costs @ 80% \_\_\_\_\_
7. Total Maintenance Costs \_\_\_\_\_
8. Eligible Maintenance Costs @ 80% \_\_\_\_\_
9. Total Eligible Quarterly Costs \_\_\_\_\_
10. Total Amount of Grant \_\_\_\_\_
11. Eligible Reimbursement (Line 9)
  - 1<sup>st</sup> Quarter \_\_\_\_\_
  - 2<sup>nd</sup> Quarter \_\_\_\_\_
  - 3<sup>rd</sup> Quarter \_\_\_\_\_
  - 4<sup>th</sup> Quarter \_\_\_\_\_
12. Total Reimbursement Earned Cumulative Year-to-Date \_\_\_\_\_
13. Balance of Unearned Funds \_\_\_\_\_

## F. LIST OF ITEMIZED EXPENSES

[illegible]

**ACTIVE MDT GRANT VEHICLE REPORT**  
(Vehicles in which MDT is a lienholder)

Vehicle Project No.		Odometer Reading (End of Quarter)	Total Miles This Quarter	No. of Days Veh. Operated This Quarter	Avg. No. of Hours Per Day
1	MT-				
2	MT-				
3	MT-				
4	MT-				
5	MT-				
6	MT-				
7	MT-				
8	MT-				
9	MT-				
10	MT-				
11	MT-				
12	MT-				
13	MT-				
14	MT-				
15	MT-				
16	MT-				
17	MT-				
18	MT-				

## ACTIVE MDT GRANT VEHICLE REPORT

(Vehicles in which MDT is a lienholder)

Vehicle Project No.		Odometer Reading (End of Quarter)	Total Miles This Quarter	No. of Days Veh. Operated This Quarter	Avg. No. of Hours Per Day
19	MT-				
20	MT-				
21	MT-				
22	MT-				
23	MT-				
24	MT-				
25	MT-				
26	MT-				
27	MT-				
28	MT-				
29	MT-				
30	MT-				
31	MT-				
32	MT-				
33	MT-				
34	MT-				

Submit Reports to: MDT Transit Section  
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